TRUSTEES OFFICE

116 HAMPTON ROAD SOUTHAMPTON, NY 11968



PHONE: 631 287-5717

FAX: 631 287-5723

BOARD OF TRUSTEES

OF THE FREEHOLDERS AND COMMONALTY OF THE TOWN OF SOUTHAMPTON

TEMPORARY RESIDENT RECREATIONAL SHELLFISH APPLICATION

Documents to be submitted with application:

Please provide copies of **ONE** of the following temporary residency requirements:

- Formal lease agreement with date(s) showing length of stay in Southampton Town
- Receipt for payment from a motel, hotel, rental or rooming house with date(s) showing length of stay in Southampton Town

| From TODAY'S Date: | , 20 | To: | |
|---|--|---------------|----------------------------|
| \$100.00 for up to 15 days | \$175.00 for up to 30 | days | \$300.00 for up to 60 days |
| Name (Please Print): | | | |
| Town of Southampton Street Address: _ | | | |
| Mailing Address (if different from abov | | | |
| E-mail: | | | |
| Phone #: | Alt. Phor | Alt. Phone #: | |
| Date of Birth: | Height: | | |
| Color of Eyes:BlueBrownGreenGreyHazel | Color of Hair: (Choose only one) | | |
| Temporary Shellfish Licenses are No | OT allowed a guest. Please be fees are non-refundable | | NOT for non-residents. All |
| Applicant's Signature: | | | Date: |

<u>Please note that all Shellfish Licenses must be processed in person in the Town Trustee's office as we now</u> issue the Shellfish Licenses with a photograph.